



Bib Data Sheet


**UNITED STATES DEPARTMENT OF
COMMERCE**

Patent and Trademark Office

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER 09/364,930	FILING DATE 07/30/1999 RULE -	CLASS 704	GROUP ART UNIT 2747	ATTORNEY DOCKET NO. 10036/002001
APPLICANTS DANIEL T. HEINZE, SAN DIEGO, CA ; MARK L. MORSCH, SAN DIEGO, CA ;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/094,688 07/30/1998				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/27/1999				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 41
				INDEPENDENT CLAIMS 3
ADDRESS JOHN LAND FISH & RICHARDSON P.C. 4225 EXECUTIVE SQUARE, SUITE 1400 LA JOLLA ,CA 92037				
TITLE AUTOMATICALLY ASSIGNING MEDICAL CODES USING NATURAL LANGUAGE PROCESSING				
FILING FEE RECEIVED 569	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER 09/364,930	FILING DATE 07/30/99	CLASS 704	GROUP ART UNIT 2741 2644	ATTORNEY DOCKET NO. 10036/002001
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APPLICANT

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CONTINUING DOMESTIC DATA***

VERIFIED

J.T.

NONE

371 (NAT'L STAGE) DATA***

VERIFIED

J.T.

NONE

FOREIGN APPLICATIONS***

VERIFIED

J.T.

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/27/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 3
Verified and Acknowledged	<u>J.T.</u> Examiner's Initials	Initials			

ADDRESS

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TITLE

AUTOMATICALLY ASSIGNING MEDICAL CODES USING NATURAL LANGUAGE PROCESSING

FILING FEE RECEIVED \$569	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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